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FACSIMILE**Date:** September 13, 2007**Time Sent:**

To:	Company:	Facsimile No:	Telephone No:
United States Patent and Trademark Office		571.273.8300	
From:	Bernard P. Codd	Direct Phone:	202.756.8182
E-Mail:	bcodd@mwe.com	Direct Fax:	202.756.8087
Sent By:		Direct Phone:	
Client/Matter/Tkpr:	057810 / 0097 / 05624	Original to Follow by Mail:	No
		Number of Pages, Including Cover:	14
Re:	Amendment for U.S. Ser. No. 10/811,880		

Message:

Includes amendment transmittal.

CERTIFICATION OF FACSIMILE TRANSMISSION

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BERNARD P. CODD
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Bernard P. Codd 9/13/07
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U.S. practice conducted through McDermott Will & Emery LLP.
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WDC99 1461164-1.057810.0097

PAGE 1/14 * RCVD AT 9/13/2007 7:39:55 PM [Eastern Daylight Time] * SVR:USPTO-EFAX-2/13 * DNIS:2738300 * CSID:2027568087 * DURATION (mm-ss):03-24

Docket No.: 057810-0097

PATENT**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of

Customer Number: 20277

Koji HIROSAWA

Confirmation Number: 2498

Application No.: 10/811,880

Group Art Unit: 2629

Filed: March 30, 2004

Examiner: SITA, Grant

For: DISPLAY HAVING SHIFT REGISTER CIRCUIT (as amended)

CERTIFICATION OF FACSIMILE TRANSMISSIONI HEREBY CERTIFY THAT THIS PAPER IS BEING
FACSIMILE TRANSMITTED TO THE PATENT AND
TRADEMARK OFFICE ON THE DATE SHOWN BELOWMail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒
☐
☐

No additional fee is required.

Applicant is entitled to small entity status under 37 CFR 1.27

Also attached:

BERNARD P. CODD
 TYPE OR PRINT NAME OF PERSON SIGNING CERTIFICATION
Bernard P. Codd 9/13/07
 SIGNATURE DATE

The fee has been calculated as shown below:

	NO. OF CLAIMS	HIGHEST PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	FEE
Total Claims	23	23	0	\$50.00 =	\$0.00
Independent Claims	2	3	0	\$200.00 =	\$0.00
Multiple dependent claims newly presented					\$0.00
Fee for extension of time					\$0.00
					\$0.00
Total of Above Calculations					\$0.00

☐ Please charge my Deposit Account No. 500417 in the amount of \$0.00. An additional copy of this transmittal sheet is submitted herewith.

☒ The Commissioner is hereby authorized to charge payment of any fees associated with this communication or credit any overpayment, to Deposit Account No. 500417, including any filing fees under 37 CFR 1.16 for presentation of extra claims and any patent application processing fees under 37 CFR 1.17.

Respectfully submitted,

McDERMOTT WILL & EMERY LLP

Bernard P. Codd

Bernard P. Codd

Registration No. 46,429

 600 13th Street, N.W.
 Washington, DC 20005-3096
 Phone: 202.756.8000 BPC:MWE
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 Date: September 13, 2007
Please recognize our Customer No. 20277 as our
correspondence address.

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In re Application of	:	Customer Number: 20277
Koji HIROSAWA	:	Confirmation Number: 2498
Application No.: 10/811,880	:	Group Art Unit: 2629
Filed: March 30, 2004	:	Examiner: SITTA, Grant
For: DISPLAY HAVING SHIFT REGISTER CIRCUIT (as amended)	:	

AMENDMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action dated June 13, 2007, please amend the above-identified application as follows.

CERTIFICATION OF FACSIMILE TRANSMISSION

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BERNARD P. COVIL
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Bernard P. Covil 9/13/07
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